5

9

11

1213

16

17

18

19 20

21

22

2324

2526

27

28

SSB 6208 - H COMM AMD ADOPTED 3-06-98

By Committee on Children & Family Services

3 Strike everything after the enacting clause and insert the 4 following:

PART I - CRISIS RESIDENTIAL CENTERS AND STAFF-SECURE

6 TREATMENT CENTERS

NEW SECTION. Sec. 1. A new section is added to chapter 74.13 RCW to read as follows:

Any county or group of counties may make application to the department of social and health services in the manner and form prescribed by the department to administer and provide the services established under RCW 13.32A.197. Any such application must include a plan or plans for providing such services to at-risk youth.

NEW SECTION. Sec. 2. A new section is added to chapter 74.13 RCW to read as follows:

No county may receive any state funds provided by section 1 of this act until its application and plan are received by the department.

- (1) The distribution of funds to a county or a group of counties shall be based on criteria including but not limited to the county's per capita income, regional or county at-risk populations, rates of poverty, and the presence of existing programs serving at-risk children.
- (2) The secretary of social and health services shall reimburse a county upon presentation and approval of a valid claim pursuant to this chapter based on actual performance in meeting the terms and conditions of the approved plan and contract. Funds received by participating counties under this chapter shall not be used to replace local funds for existing programs.

OPR -1-

- 1 (3) Funds available for county-operated staff-secure facilities 2 and services under RCW 13.32A.197 shall not exceed the appropriation 3 for these services specified in the biennial operating budget.
 - Sec. 3. RCW 74.13.031 and 1997 c 386 s 32 and 1997 c 272 s 1 are each reenacted and amended to read as follows:

The department shall have the duty to provide child welfare services and shall:

- (1) Develop, administer, supervise, and monitor a coordinated and comprehensive plan that establishes, aids, and strengthens services for the protection and care of homeless, runaway, dependent, or neglected children.
- (2) Within available resources, recruit an adequate number of prospective adoptive and foster homes, both regular and specialized, i.e. homes for children of ethnic minority, including Indian homes for Indian children, sibling groups, handicapped and emotionally disturbed, teens, pregnant and parenting teens, and annually report to the governor and the legislature concerning the department's success in:

 (a) Meeting the need for adoptive and foster home placements; (b) reducing the foster parent turnover rate; (c) completing home studies for legally free children; and (d) implementing and operating the passport program required by RCW 74.13.285. The report shall include a section entitled "Foster Home Turn-Over, Causes and Recommendations."
- (3) Investigate complaints of alleged neglect, abuse, or abandonment of children, and on the basis of the findings of such investigation, offer child welfare services in relation to the problem to such parents, legal custodians, or persons serving in loco parentis, and/or bring the situation to the attention of an appropriate court, or another community agency: PROVIDED, That an investigation is not required of nonaccidental injuries which are clearly not the result of a lack of care or supervision by the child's parents, legal custodians, or persons serving in loco parentis. If the investigation reveals that a crime may have been committed, the department shall notify the appropriate law enforcement agency.
- (4) Offer, on a voluntary basis, family reconciliation services to families who are in conflict.
- 36 (5) Monitor out-of-home placements, on a timely and routine basis,
 37 to assure the safety, well-being, and quality of care being provided is

OPR -2-

within the scope of the intent of the legislature as defined in RCW 74.13.010 and 74.15.010, and annually submit a report measuring the extent to which the department achieved the specified goals to the governor and the legislature.

- (6) Have authority to accept custody of children from parents and to accept custody of children from juvenile courts, where authorized to do so under law, to provide child welfare services including placement for adoption, and to provide for the physical care of such children and make payment of maintenance costs if needed. Except where required by Public Law 95-608 (25 U.S.C. Sec. 1915), no private adoption agency which receives children for adoption from the department shall discriminate on the basis of race, creed, or color when considering applications in their placement for adoption.
- (7) Have authority to provide temporary shelter to children who have run away from home and who are admitted to crisis residential centers.
- (8) Have authority to purchase care for children; and shall follow in general the policy of using properly approved private agency services for the actual care and supervision of such children insofar as they are available, paying for care of such children as are accepted by the department as eligible for support at reasonable rates established by the department.
- (9) Establish a children's services advisory committee which shall assist the secretary in the development of a partnership plan for utilizing resources of the public and private sectors, and advise on all matters pertaining to child welfare, licensing of child care agencies, adoption, and services related thereto. At least one member shall represent the adoption community.
- (10) Have authority to provide continued foster care or group care for individuals from eighteen through twenty years of age to enable them to complete their high school or vocational school program.
- (11) Have authority within funds appropriated for foster care services to purchase care for Indian children who are in the custody of a federally recognized Indian tribe or tribally licensed child-placing agency pursuant to parental consent, tribal court order, or state juvenile court order; and the purchase of such care shall be subject to the same eligibility standards and rates of support applicable to other children for whom the department purchases care.

OPR -3-

(12) Provide funding for counties to operate treatment facilities and provide treatment services to children who have been ordered placed in a staff secure facility under RCW 13.32A.197.

Notwithstanding any other provision of RCW 13.32A.170 through 13.32A.200 and 74.13.032 through 74.13.036, or of this section all services to be provided by the department of social and health services under subsections (4), (6), and (7) of this section, or counties under subsection (12) of this section, subject to the limitations of these subsections, may be provided by any program offering such services funded pursuant to Titles II and III of the federal juvenile justice and delinquency prevention act of 1974.

- **Sec. 4.** RCW 74.13.032 and 1995 c 312 s 60 are each amended to read as follows:
- (1) The department shall establish, by contracts with private or public vendors, regional crisis residential centers with semi-secure facilities. These facilities shall be structured group care facilities licensed under rules adopted by the department and shall have an average of at least four adult staff members and in no event less than three adult staff members to every eight children.
- (2) Within available funds appropriated for this purpose, the department shall establish, by contracts with private or public vendors, regional crisis residential centers with secure facilities. These facilities shall be facilities licensed under rules adopted by the department. These centers may also include semi-secure facilities and to such extent shall be subject to subsection (1) of this section.
- (3) The department shall, in addition to the facilities established under subsections (1) and (2) of this section, establish additional crisis residential centers pursuant to contract with licensed private group care facilities.
- (4) The staff at the facilities established under this section shall be trained so that they may effectively counsel juveniles admitted to the centers, provide treatment, supervision, and structure to the juveniles that recognize the need for support and the varying circumstances that cause children to leave their families, and carry out the responsibilities stated in RCW 13.32A.090. The responsibilities stated in RCW 13.32A.090 may, in any of the centers, be carried out by the department.

OPR -4-

- (5) The secure facilities located within crisis residential centers shall be operated to conform with the definition in RCW 13.32A.030. The facilities shall have an average of no ((more)) less than ((three)) one adult staff member((s)) to every ((eight)) ten children. The staffing ratio shall continue to ensure the safety of the children.
- (6) ((A center with secure facilities created under this section may not be located within, or on the same grounds as, other secure structures including jails, juvenile detention facilities operated by the state, or units of local government. However, the secretary may, following consultation with the appropriate county legislative authority, make a written finding that location of a center with secure facilities on the same grounds as another secure structure is the only practical location for a secure facility. Upon the written finding a secure facility may be located on the same grounds as the secure structure. Where)) If a secure crisis residential center is located in or adjacent to a secure juvenile detention facility, the center shall be operated in a manner that prevents in-person contact between the residents of the center and the persons held in such facility.

NEW SECTION. Sec. 5. A new section is added to chapter 74.13 RCW to read as follows:

- (1) A county or group of counties operating a staff-secure facility under sections 1 and 2 of this act shall establish, by contracts with private or public vendors, treatment centers with staff secure facilities. These facilities shall be structured group care facilities licensed under rules adopted by the department.
- (2) The staff at the facilities established under RCW 13.32A.197 shall be trained so that they may effectively counsel, supervise, provide treatment for behavioral difficulties or needs, and provide structure to the juveniles admitted to treatment facilities. The treatment, supervision, and counseling must recognize the need for support and the varying circumstances that cause children to leave their families.
- 34 (3) Juveniles shall be admitted to the facilities based on a court 35 order for placement at a staff secure facility to receive treatment 36 under RCW 13.32A.197. Juveniles shall not be denied admission based on 37 their county of residence.

OPR -5-

2

3

4

5

6

7

8 9

1011

1213

14

1516

1718

19

20

2122

2324

25

26

27

28

29

3031

32

3334

35

36

PART II - MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT

NEW SECTION. Sec. 6. The legislature finds it is often necessary for parents to obtain mental health or chemical dependency treatment for their minor children prior to the time the child's condition presents a likelihood of serious harm or the child becomes gravely disabled. The legislature finds that treatment of such conditions is not the equivalent of incarceration or detention, but is a legitimate act of parental discretion, when supported by decisions of credentialed professionals. The legislature finds that, consistent with Parham v. J.R., 442 U.S. 584 (1979), state action is not involved in the determination of a parent and professional person to admit a minor child to treatment and finds this act provides sufficient independent review by the department of social and health services, as a neutral fact-finder, to protect the interests of all parties. The legislature intends and recognizes that children affected by the provisions of this act are not children whose mental or substance abuse problems are adequately addressed by chapters 70.96A and 71.34 RCW. Therefore, the legislature finds it is necessary to provide parents a statutory process, other than the petition process provided in chapters 70.96A and 71.34 RCW, to obtain treatment for their minor children without the consent of the children.

The legislature finds that differing standards of admission and review in parent-initiated mental health and chemical dependency treatment for their minor children are necessary and the admission standards and procedures under state involuntary treatment procedures are not adequate to provide safeguards for the safety and well-being of all children. The legislature finds the timeline for admission and reviews under existing law do not provide sufficient opportunities for assessment of the mental health and chemically dependent status of every minor child and that additional time and different standards will facilitate the likelihood of successful treatment of children who are in need of assistance but unwilling to obtain it voluntarily. The legislature finds there are children whose behavior presents a clear need of medical treatment but is not so extreme as to require immediate state intervention under the state involuntary treatment procedures.

PART II-A - MENTAL HEALTH

OPR

Sec. 7. RCW 71.34.010 and 1992 c 205 s 302 are each amended to 2 read as follows:

It is the purpose of this chapter to ((ensure)) assure that minors in need of mental health care and treatment receive an appropriate continuum of culturally relevant care and treatment, ((from)) including prevention and early intervention ((to)), self-directed care, parent-directed care, and involuntary treatment. To facilitate the continuum of care and treatment to minors in out-of-home placements, all divisions of the department that provide mental health services to minors shall jointly plan and deliver those services.

It is also the purpose of this chapter to protect the rights of minors against needless hospitalization and deprivations of liberty and to enable treatment decisions to be made in response to clinical needs in accordance with sound professional judgment. The mental health care and treatment providers shall encourage the use of voluntary services and, whenever clinically appropriate, the providers shall offer less restrictive alternatives to inpatient treatment. Additionally, all mental health care and treatment providers shall ((ensure)) assure that minors' parents are given an opportunity to participate in the treatment decisions for their minor children. The mental health care and treatment providers shall, to the extent possible, offer services that involve minors' parents or family.

It is also the purpose of this chapter to assure the ability of parents to exercise reasonable, compassionate care and control of their minor children when there is a medical necessity for treatment and without the requirement of filing a petition under this chapter.

Sec. 8. RCW 71.34.020 and 1985 c 354 s 2 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

- (1) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.
 - (2) "Children's mental health specialist" means:

OPR -7-

- (a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and
- (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.
- (3) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.
- (4) "County-designated mental health professional" means a mental health professional designated by one or more counties to perform the functions of a county-designated mental health professional described in this chapter.
- 16 (5) "Department" means the department of social and health 17 services.
 - (6) "Evaluation and treatment facility" means a public or private facility or unit that is certified by the department to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately-operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the department or federal agency does not require certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
 - (7) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.
 - (8) "Gravely disabled minor" means a minor who, as a result of a mental disorder, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

OPR -8-

- (9) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, or residential treatment facility certified by the department as an evaluation and treatment facility for minors.
- (10) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor who is not residing in a facility providing inpatient treatment as defined in this chapter.
- (11) "Likelihood of serious harm" means either: (a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.
- (12) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder; or (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.
- (13) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.
- $((\frac{13}{13}))$ (14) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under this chapter.
- (((14))) (15) "Minor" means any person under the age of eighteen 36 years.

OPR -9-

 $((\frac{(15)}{)})$ (16) "Outpatient treatment" means any of the 2 nonresidential services mandated under chapter 71.24 RCW and provided 3 by licensed services providers as identified by RCW 71.24.025(3).

 $((\frac{16}{16}))$ "Parent" means:

- (a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or
- (b) A person or agency judicially appointed as legal guardian or custodian of the child.
 - (((17))) <u>(18)</u> "Professional person in charge" <u>or "professional person"</u> means a physician or other mental health professional empowered by an evaluation and treatment facility with authority to make admission and discharge decisions on behalf of that facility.
- ((\(\frac{(18)}{18}\))) (19) "Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.
- $((\frac{19}{19}))$ (20) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- $((\frac{20}{1}))$ (21) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.
 - $((\frac{21}{21}))$ (22) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.
- $((\frac{(22)}{2}))$ "Secretary" means the secretary of the department or secretary's designee.
 - (((23))) (<u>24)</u> "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

OPR -10-

2

3

4

5 6

7

8

9

11

12

1314

15

1617

18

1920

21

22

23

24

2526

27

28

29

3031

32

33

3435

36

3738

Sec. 9. RCW 71.34.025 and 1995 c 312 s 56 are each amended to read as follows:

- (1) ((The admission of any child under RCW 71.34.030 may be reviewed by the county designated mental health professional between fifteen and thirty days following admission. The county-designated mental health professional may undertake the review on his or her own initiative and may seek reimbursement from the parents, their insurance, or medicaid for the expense of the review.
- (2))) The department shall ((ensure)) assure that, for any minor admitted to inpatient treatment under section 18 of this act, a review is conducted ((no later than sixty days)) by a physician or other mental health professional who is employed by the department, or an agency under contract with the department, and who neither has a financial interest in continued inpatient treatment of the minor nor is affiliated with the facility providing the treatment. The physician or other mental health professional shall conduct the review not less than seven nor more than fourteen days following ((admission)) the date the minor was brought to the facility under section 18(1) of this act to determine whether it is ((medically appropriate)) a medical necessity to continue the ((child's)) minor's treatment on an inpatient basis. ((The department may, subject to available funds, contract with a county for the conduct of the review conducted under this subsection and may seek reimbursement from the parents, their insurance, or medicaid for the expense of any review conducted by an agency under contract.

If the county-designated mental health professional determines that continued inpatient treatment of the child is no longer medically appropriate, the professional shall notify the facility, the child, the child's parents, and the department of the finding within twenty-four hours of the determination.

(3) For purposes of eligibility for medical assistance under chapter 74.09 RCW, children in inpatient mental health or chemical dependency treatment shall be considered to be part of their parent's or legal guardian's household, unless the child has been assessed by the department of social and health services or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the child's parents are found to not be exercising responsibility for care

OPR -11-

- and control of the child. Payment for such care by the department of social and health services shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department.))
 - (2) In making a determination under subsection (1) of this section, the department shall consider the opinion of the treatment provider, the safety of the minor, and the likelihood the minor's mental health will deteriorate if released from inpatient treatment. The department shall consult with the parent in advance of making its determination.
 - (3) If, after any review conducted by the department under this section, the department determines it is no longer a medical necessity for a minor to receive inpatient treatment, the department shall immediately notify the parents and the facility. The facility shall release the minor to the parents within twenty-four hours of receiving notice. If the professional person in charge and the parent believe that it is a medical necessity for the minor to remain in inpatient treatment, the minor shall be released to the parent on the second judicial day following the department's determination in order to allow the parent time to file an at-risk youth petition under chapter 13.32A RCW. If the department determines it is a medical necessity for the minor to receive outpatient treatment and the minor declines to obtain such treatment, such refusal shall be grounds for the parent to file an at-risk youth petition.
 - (4) If the evaluation conducted under section 18 of this act is done by the department, the reviews required by subsection (1) of this section shall be done by contract with an independent agency.
 - (5) The department may, subject to available funds, contract with other governmental agencies to conduct the reviews under this section. The department may seek reimbursement from the parents, their insurance, or medicaid for the expense of any review conducted by an agency under contract.
- 33 (6) In addition to the review required under this section, the 34 department may periodically determine and redetermine the medical 35 necessity of treatment for purposes of payment with public funds.
- NEW SECTION. Sec. 10. A new section is added to chapter 71.34 37 RCW to read as follows:

OPR -12-

For purposes of eligibility for medical assistance under chapter 74.09 RCW, minors in inpatient mental health treatment shall be considered to be part of their parent's or legal guardian's household, unless the minor has been assessed by the department or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the parents are found to not be exercising responsibility for care and control of the minor. Payment for such care by the department shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department.

PART II-B - VOLUNTARY MENTAL HEALTH OUTPATIENT TREATMENT

- Sec. 11. RCW 71.34.030 and 1995 c 312 s 52 are each amended to read as follows:
- 15 (((1))) Any minor thirteen years or older may request and receive 16 outpatient treatment without the consent of the minor's parent. 17 Parental authorization is required for outpatient treatment of a minor 18 under the age of thirteen.
 - (((2) When in the judgment of the professional person in charge of an evaluation and treatment facility there is reason to believe that a minor is in need of inpatient treatment because of a mental disorder, and the facility provides the type of evaluation and treatment needed by the minor, and it is not feasible to treat the minor in any less restrictive setting or the minor's home, the minor may be admitted to an evaluation and treatment facility in accordance with the following requirements:
 - (a) A minor may be voluntarily admitted by application of the parent. The consent of the minor is not required for the minor to be evaluated and admitted as appropriate.
 - (b) A minor thirteen years or older may, with the concurrence of the professional person in charge of an evaluation and treatment facility, admit himself or herself without parental consent to the evaluation and treatment facility, provided that notice is given by the facility to the minor's parent in accordance with the following requirements:

OPR -13-

- (i) Notice of the minor's admission shall be in the form most likely to reach the parent within twenty-four hours of the minor's voluntary admission and shall advise the parent that the minor has been admitted to inpatient treatment; the location and telephone number of the facility providing such treatment; and the name of a professional person on the staff of the facility providing treatment who is designated to discuss the minor's need for inpatient treatment with the parent.
- (ii) The minor shall be released to the parent at the parent's request for release unless the facility files a petition with the superior court of the county in which treatment is being provided setting forth the basis for the facility's belief that the minor is in need of inpatient treatment and that release would constitute a threat to the minor's health or safety.
- (iii) The petition shall be signed by the professional person in charge of the facility or that person's designee.
- (iv) The parent may apply to the court for separate counsel to represent the parent if the parent cannot afford counsel.
- (v) There shall be a hearing on the petition, which shall be held within three judicial days from the filing of the petition.
- (vi) The hearing shall be conducted by a judge, court commissioner, or licensed attorney designated by the superior court as a hearing officer for such hearing. The hearing may be held at the treatment facility.
- (vii) At such hearing, the facility must demonstrate by a preponderance of the evidence presented at the hearing that the minor is in need of inpatient treatment and that release would constitute a threat to the minor's health or safety. The hearing shall not be conducted using the rules of evidence, and the admission or exclusion of evidence sought to be presented shall be within the exercise of sound discretion by the judicial officer conducting the hearing.
- (c) Written renewal of voluntary consent must be obtained from the applicant no less than once every twelve months.
- (d) The minor's need for continued inpatient treatments shall be reviewed and documented no less than every one hundred eighty days.
 - (3) A notice of intent to leave shall result in the following:
- 37 (a) Any minor under the age of thirteen must be discharged 38 immediately upon written request of the parent.

OPR -14-

- (b) Any minor thirteen years or older voluntarily admitted may give notice of intent to leave at any time. The notice need not follow any specific form so long as it is written and the intent of the minor can be discerned.
- (c) The staff member receiving the notice shall date it immediately, record its existence in the minor's clinical record, and send copies of it to the minor's attorney, if any, the county-designated mental health professional, and the parent.
- (d) The professional person in charge of the evaluation and treatment facility shall discharge the minor, thirteen years or older, from the facility within twenty-four hours after receipt of the minor's notice of intent to leave, unless the county-designated mental health professional or a parent or legal guardian files a petition or an application for initial detention within the time prescribed by this chapter.
- (4) The ability of a parent to apply to a certified evaluation and treatment program for the involuntary admission of his or her minor child does not create a right to obtain or benefit from any funds or resources of the state. However, the state may provide services for indigent minors to the extent that funds are available therefor.))
- NEW SECTION. Sec. 12. For the purpose of gathering information related to parental notification of outpatient mental health treatment of minors, the department of health shall conduct a survey of providers of outpatient treatment, as defined in chapter 71.34 RCW. The survey shall gather information from a statistically valid sample of providers. In accordance with confidentiality statutes and the physician-patient privilege, the survey shall secure information from the providers related to:
 - (1) The number of minors receiving outpatient treatment;
- 30 (2) The number of parents of minors in treatment notified of the 31 minor's treatment;
- 32 (3) The average number of outpatient visits prior to parental 33 notification;
- 34 (4) The average number of treatments with parental notification;
- 35 (5) The average number of treatments without parental 36 notification;

OPR -15-

3

6

13

14

15

16 17

18 19

20

21

22

2324

25

26

2728

- 1 (6) The percentage of minors in treatment who are prescribed 2 medication;
 - (7) The medication prescribed;
- 4 (8) The number of patients terminating treatment due to parental notification; and
 - (9) Any other pertinent information.
- The department shall submit the survey results to the governor and the appropriate committees of the legislature by December 1, 1998.
- 9 This section expires June 1, 1999.

10 PART II-C - VOLUNTARY MENTAL HEALTH INPATIENT TREATMENT

- NEW SECTION. Sec. 13. A new section is added to chapter 71.34 12 RCW to read as follows:
 - (1) A minor thirteen years or older may admit himself or herself to an evaluation and treatment facility for inpatient mental treatment, without parental consent. The admission shall occur only if the professional person in charge of the facility concurs with the need for inpatient treatment.
 - (2) When, in the judgment of the professional person in charge of an evaluation and treatment facility, there is reason to believe that a minor is in need of inpatient treatment because of a mental disorder, and the facility provides the type of evaluation and treatment needed by the minor, and it is not feasible to treat the minor in any less restrictive setting or the minor's home, the minor may be admitted to an evaluation and treatment facility.
 - (3) Written renewal of voluntary consent must be obtained from the applicant no less than once every twelve months. The minor's need for continued inpatient treatments shall be reviewed and documented no less than every one hundred eighty days.
- NEW SECTION. Sec. 14. A new section is added to chapter 71.34 30 RCW to read as follows:
- The administrator of the treatment facility shall provide notice to the parents of a minor when the minor is voluntarily admitted to inpatient treatment under section 13 of this act. The notice shall be in the form most likely to reach the parent within twenty-four hours of the minor's voluntary admission and shall advise the parent: (1) That

OPR -16-

- 1 the minor has been admitted to inpatient treatment; (2) of the location
- 2 and telephone number of the facility providing such treatment; (3) of
- 3 the name of a professional person on the staff of the facility
- 4 providing treatment who is designated to discuss the minor's need for
- 5 inpatient treatment with the parent; and (4) of the medical necessity
- 6 for admission.

9

10

1112

13

1415

16 17

24

25

26

2728

29

30

- NEW SECTION. Sec. 15. A new section is added to chapter 71.34 RCW to read as follows:
 - (1) Any minor thirteen years or older voluntarily admitted to an evaluation and treatment facility under section 13 of this act may give notice of intent to leave at any time. The notice need not follow any specific form so long as it is written and the intent of the minor can be discerned.
 - (2) The staff member receiving the notice shall date it immediately, record its existence in the minor's clinical record, and send copies of it to the minor's attorney, if any, the county-designated mental health professional, and the parent.
- 18 (3) The professional person shall discharge the minor, thirteen 19 years or older, from the facility upon receipt of the minor's notice of 20 intent to leave.

21 PART II-D - PARENT-INITIATED MENTAL HEALTH TREATMENT

NEW SECTION. Sec. 16. A new section is added to chapter 71.34 RCW to read as follows:

- (1) A parent may bring, or authorize the bringing of, his or her minor child to an evaluation and treatment facility and request that the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment.
- (2) The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to the facility.
- 31 (3) An appropriately trained professional person may evaluate 32 whether the minor has a mental disorder. The evaluation shall be 33 completed within twenty-four hours of the time the minor was brought to 34 the facility, unless the professional person determines that the

OPR -17-

12

1314

15

16 17

18 19

2021

22

23

26

2728

29

30

35

36

37

- condition of the minor necessitates additional time for evaluation. In 1 2 no event shall a minor be held longer than seventy-two hours for 3 evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the minor to receive inpatient 4 treatment, the minor may be held for treatment. The facility shall 5 limit treatment to that which the professional person determines is 6 medically necessary to stabilize the minor's condition until the 7 evaluation has been completed. Within twenty-four hours of completion 8 9 of the evaluation, the professional person shall notify the department 10 if the child is held for treatment and of the date of admission.
 - (4) No provider is obligated to provide treatment to a minor under the provisions of this section. No provider may admit a minor to treatment under this section unless it is medically necessary.
 - (5) No minor receiving inpatient treatment under this section may be discharged from the facility based solely on his or her request.
 - (6) Prior to the review conducted under RCW 71.34.025, the professional person shall notify the minor of his or her right to petition superior court for release from the facility.
 - (7) For the purposes of this section "professional person" does not include a social worker, unless the social worker is certified under RCW 18.19.110 and appropriately trained and qualified by education and experience, as defined by the department, in psychiatric social work.
- NEW SECTION. Sec. 17. A new section is added to chapter 71.34 25 RCW to read as follows:
 - (1) A parent may bring, or authorize the bringing of, his or her minor child to a provider of outpatient mental health treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a mental disorder and is in need of outpatient treatment.
- 31 (2) The consent of the minor is not required for evaluation if the 32 parent brings the minor to the provider.
- 33 (3) The professional person may evaluate whether the minor has a 34 mental disorder and is in need of outpatient treatment.
 - (4) Any minor admitted to inpatient treatment under sections 13 or 16 of this act shall be discharged immediately from inpatient treatment upon written request of the parent.

OPR -18-

3

4

5

6 7

8

11

1213

14

1516

17

20

21

2223

24

25

NEW SECTION. Sec. 18. A new section is added to chapter 71.34 RCW to read as follows:

Following the review conducted under RCW 71.34.025, a minor child may petition the superior court for his or her release from the facility. The petition may be filed not sooner than five days following the review. The court shall release the minor unless it finds, upon a preponderance of the evidence, that it is a medical necessity for the minor to remain at the facility.

9 <u>NEW SECTION.</u> **Sec. 19.** A new section is added to chapter 71.34 10 RCW to read as follows:

If the minor is not released as a result of the petition filed under section 20 of this act, he or she shall be released not later than thirty days following the later of: (1) The date of the department's determination under RCW 71.34.025(2); or (2) the filing of a petition for judicial review under section 20 of this act, unless a professional person or the county designated mental health professional initiates proceedings under this chapter.

NEW SECTION. Sec. 20. A new section is added to chapter 71.34
RCW to read as follows:

The ability of a parent to bring his or her minor child to a certified evaluation and treatment program for evaluation and treatment does not create a right to obtain or benefit from any funds or resources of the state. The state may provide services for indigent minors to the extent that funds are available.

PART II-E - CHEMICAL DEPENDENCY

26 **Sec. 21.** RCW 70.96A.020 and 1996 c 178 s 23 and 1996 c 133 s 33 are each reenacted and amended to read as follows:

For the purposes of this chapter the following words and phrases shall have the following meanings unless the context clearly requires otherwise:

- 31 (1) "Alcoholic" means a person who suffers from the disease of alcoholism.
- 33 (2) "Alcoholism" means a disease, characterized by a dependency on 34 alcoholic beverages, loss of control over the amount and circumstances

OPR -19-

- of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
 - (3) "Approved treatment program" means a discrete program of chemical dependency treatment provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.
 - (4) "Chemical dependency" means alcoholism or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires.
 - (5) "Chemical dependency program" means expenditures and activities of the department designed and conducted to prevent or treat alcoholism and other drug addiction, including reasonable administration and overhead.
- 15 (6) "Department" means the department of social and health 16 services.
 - (7) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
 - (8) "Director" means the person administering the chemical dependency program within the department.
 - (9) "Drug addict" means a person who suffers from the disease of drug addiction.
 - (10) "Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
- 32 (11) "Emergency service patrol" means a patrol established under 33 RCW 70.96A.170.
 - (12) "Gravely disabled by alcohol or other drugs" means that a person, as a result of the use of alcohol or other drugs: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and

OPR -20-

escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.

- (13) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, has his or her judgment so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment and presents a likelihood of serious harm to himself or herself, to any other person, or to property.
- 11 (14) "Incompetent person" means a person who has been adjudged 12 incompetent by the superior court.
 - (15) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.
 - (16) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.
 - (17) "Likelihood of serious harm" means either: (a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on one's self; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused the harm or that places another person or persons in reasonable fear of sustaining the harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others.
 - (18) "Medical necessity" for inpatient care of a minor means a requested certified inpatient service that is reasonably calculated to:

 (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the worsening of chemical dependency conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.
 - (19) "Minor" means a person less than eighteen years of age.

OPR -21-

5

6 7

8

16 17

18 19

2021

22

23

27

- 1 $((\frac{(19)}{(19)}))$ <u>(20)</u> "Parent" means the parent or parents who have the 2 legal right to custody of the child. Parent includes custodian or 3 guardian.
 - $((\frac{20}{10}))$ (21) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.
 - $((\frac{21}{21}))$ (22) "Person" means an individual, including a minor.
- 9 ((\(\frac{(22)}{22}\))) (23) "Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.
- 14 <u>(24)</u> "Secretary" means the secretary of the department of social 15 and health services.
 - (((23))) (25) "Treatment" means the broad range of emergency, detoxification, residential, and outpatient services and care, including diagnostic evaluation, chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.
- $((\frac{24}{2}))$ (26) "Treatment program" means an organization, institution, or corporation, public or private, engaged in the care, treatment, or rehabilitation of alcoholics or other drug addicts.

PART II-F - VOLUNTARY CHEMICAL DEPENDENCY OUTPATIENT TREATMENT

- 28 **Sec. 22.** RCW 70.96A.095 and 1996 c 133 s 34 are each amended to read as follows:
- (((1))) Any person thirteen years of age or older may give consent for himself or herself to the furnishing of outpatient treatment by a chemical dependency treatment program certified by the department.
- 33 ((Consent of the parent of a person less than eighteen years of age for
- 34 inpatient treatment is necessary to authorize the care unless the child
- 35 meets the definition of a child in need of services in RCW
- 36 13.32A.030(4)(c), as determined by the department.)) Parental

OPR -22-

4

5

6

7

8 9

10 11

12 13

14

15

16

17

18

19 20

21

22

23 24

25

26

27

28

29

30 31

32

33 34

35

36

37

1 authorization is required for any treatment of a minor under the age of 2 ((The parent of a minor is not liable for payment of care for such persons pursuant to this chapter, unless they have joined in the consent to the treatment.

- (2) The parent of any minor child may apply to a certified treatment program for the admission of his or her minor child for purposes authorized in this chapter. The consent of the minor child shall not be required for the application or admission. The certified treatment program shall accept the application and evaluate the child for admission. The ability of a parent to apply to a certified treatment program for the admission of his or her minor child does not create a right to obtain or benefit from any funds or resources of the state. However, the state may provide services for indigent minors to the extent that funds are available therefor.
- (3) Any provider of outpatient treatment who provides outpatient treatment to a minor thirteen years of age or older shall provide notice of the minor's request for treatment to the minor's parents if: (a) The minor signs a written consent authorizing the disclosure; or (b) the treatment program director determines that the minor lacks capacity to make a rational choice regarding consenting to disclosure. The notice shall be made within seven days of the request for treatment, excluding Saturdays, Sundays, and holidays, and shall contain the name, location, and telephone number of the facility providing treatment, and the name of a professional person on the staff of the facility providing treatment who is designated to discuss the minor's need for treatment with the parent.))

NEW SECTION. Sec. 23. A new section is added to chapter 70.96A RCW to read as follows:

Any provider of outpatient treatment who provides outpatient treatment to a minor thirteen years of age or older shall provide notice of the minor's request for treatment to the minor's parents if: (1) The minor signs a written consent authorizing the disclosure; or (2) the treatment program director determines that the minor lacks capacity to make a rational choice regarding consenting to disclosure. The notice shall be made within seven days of the request for treatment, excluding Saturdays, Sundays, and holidays, and shall contain the name, location, and telephone number of the facility

OPR -23-

4

7

8

9

11

23

2627

2829

30

- 1 providing treatment, and the name of a professional person on the staff
- 2 of the facility providing treatment who is designated to discuss the
- 3 minor's need for treatment with the parent.

PART II-G - VOLUNTARY CHEMICAL DEPENDENCY INPATIENT TREATMENT

5 <u>NEW SECTION.</u> **Sec. 24.** A new section is added to chapter 70.96A 6 RCW to read as follows:

Parental consent is required for inpatient chemical dependency treatment of a minor, unless the child meets the definition of a child in need of services in RCW 13.32A.030(4)(c) as determined by the department: PROVIDED, That parental consent is required for any treatment of a minor under the age of thirteen.

- 12 This section does not apply to petitions filed under this chapter.
- NEW SECTION. Sec. 25. A new section is added to chapter 70.96A RCW to read as follows:
- 15 (1) The parent of a minor is not liable for payment of inpatient 16 or outpatient chemical dependency treatment unless the parent has 17 joined in the consent to the treatment.
- 18 (2) The ability of a parent to apply to a certified treatment 19 program for the admission of his or her minor child does not create a 20 right to obtain or benefit from any funds or resources of the state. 21 However, the state may provide services for indigent minors to the 22 extent that funds are available therefor.

PART II-H - PARENT-INITIATED CHEMICAL DEPENDENCY TREATMENT

- NEW SECTION. Sec. 26. A new section is added to chapter 70.96A 25 RCW to read as follows:
 - (1) A parent may bring, or authorize the bringing of, his or her minor child to a certified treatment program and request that a chemical dependency assessment be conducted by a professional person to determine whether the minor is chemically dependent and in need of inpatient treatment.
- 31 (2) The consent of the minor is not required for admission, 32 evaluation, and treatment if the parent brings the minor to the 33 program.

OPR -24-

2

3

4

5 6

7

8

10

11

12

1314

15

1617

22

23

24

25

26

27

2829

30

31

3233

34

35

36

- (3) An appropriately trained professional person may evaluate whether the minor is chemically dependent. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the program, unless the professional person determines that the condition of the minor necessitates additional time for evaluation. In no event shall a minor be held longer than seventy-two hours for If, in the judgment of the professional person, it is evaluation. determined it is a medical necessity for the minor to receive inpatient treatment, the minor may be held for treatment. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the department if the child is held for treatment and of the date of admission.
- (4) No provider is obligated to provide treatment to a minor under the provisions of this section. No provider may admit a minor to treatment under this section unless it is medically necessary.
- 18 (5) No minor receiving inpatient treatment under this section may 19 be discharged from the program based solely on his or her request.
- 20 **Sec. 27.** RCW 70.96A.097 and 1995 c 312 s 48 are each amended to read as follows:
 - (1) ((The admission of any child under RCW 70.96A.095 may be reviewed by the county designated chemical dependency specialist between fifteen and thirty days following admission. The county-designated chemical dependency specialist may undertake the review on his or her own initiative and may seek reimbursement from the parents, their insurance, or medicaid for the expense of the review.
 - (2)) The department shall ensure that, for any minor admitted to inpatient treatment under section 28 of this act, a review is conducted ((no later than sixty days)) by a physician or chemical dependency counselor, as defined in rule by the department, who is employed by the department or an agency under contract with the department and who neither has a financial interest in continued inpatient treatment of the minor nor is affiliated with the program providing the treatment. The physician or chemical dependency counselor shall conduct the review not less than seven nor more than fourteen days following ((admission))

OPR -25-

the date the minor was brought to the facility under section 28(1) of this act to determine whether it is ((medically appropriate)) a medical necessity to continue the ((child's)) minor's treatment on an inpatient basis. ((The department may, subject to available funds, contract with a county for the conduct of the review conducted under this subsection and may seek reimbursement from the parents, their insurance, or medicaid for the expense of any review conducted by an agency under contract.

If the county-designated chemical dependency specialist determines that continued inpatient treatment of the child is no longer medically appropriate, the specialist shall notify the facility, the child, the child's parents, and the department of the finding within twenty-four hours of the determination.

- (3) For purposes of eligibility for medical assistance under chapter 74.09 RCW, children in inpatient mental health or chemical dependency treatment shall be considered to be part of their parent's or legal guardian's household, unless the child has been assessed by the department of social and health services or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the child's parents are found to not be exercising responsibility for care and control of the child. Payment for such care by the department of social and health services shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department.))
- (2) In making a determination under subsection (1) of this section whether it is a medical necessity to release the minor from inpatient treatment, the department shall consider the opinion of the treatment provider, the safety of the minor, the likelihood the minor's chemical dependency recovery will deteriorate if released from inpatient treatment, and the wishes of the parent.
- (3) If, after any review conducted by the department under this section, the department determines it is no longer a medical necessity for a minor to receive inpatient treatment, the department shall immediately notify the parents and the professional person in charge. The professional person in charge shall release the minor to the parents within twenty-four hours of receiving notice. If the professional person in charge and the parent believe that it is a

OPR -26-

risk youth petition.

7

8

26

27

28

- medical necessity for the minor to remain in inpatient treatment, the minor shall be released to the parent on the second judicial day following the department's determination in order to allow the parent time to file an at-risk youth petition under chapter 13.32A RCW. If the department determines it is a medical necessity for the minor to receive outpatient treatment and the minor declines to obtain such
- 9 (4) The department may, subject to available funds, contract with
 10 other governmental agencies for the conduct of the reviews conducted
 11 under this section and may seek reimbursement from the parents, their
 12 insurance, or medicaid for the expense of any review conducted by an
 13 agency under contract.

treatment, such refusal shall be grounds for the parent to file an at-

- 14 <u>(5) In addition to the review required under this section, the</u> 15 <u>department may periodically determine and redetermine the medical</u> 16 necessity of treatment for purposes of payment with public funds.
- NEW SECTION. Sec. 28. A new section is added to chapter 70.96A RCW to read as follows:
- 19 (1) A parent may bring, or authorize the bringing of, his or her 20 minor child to a provider of outpatient chemical dependency treatment 21 and request that an appropriately trained professional person examine 22 the minor to determine whether the minor has a chemical dependency and 23 is in need of outpatient treatment.
- 24 (2) The consent of the minor is not required for evaluation if the parent brings the minor to the provider.
 - (3) The professional person in charge of the program may evaluate whether the minor has a chemical dependency and is in need of outpatient treatment.
- 29 (4) Any minor admitted to impatient treatment under section 28 of 30 this act shall be discharged immediately from inpatient treatment upon 31 written request of the parent.
- NEW SECTION. Sec. 29. A new section is added to chapter 70.96A RCW to read as follows:
- Following the review conducted under RCW 70.96A.097, a minor child may petition the superior court for his or her release from the facility. The petition may be filed not sooner than five days

OPR -27-

15

16

17

18 19

20

21

22

23

24

25

- 1 following the review. The court shall release the minor unless it
- 2 finds, upon a preponderance of the evidence, that it is a medical
- 3 necessity for the minor to remain at the facility.
- MEW SECTION. Sec. 30. A new section is added to chapter 70.96A
 RCW to read as follows:
- If the minor is not released as a result of the petition filed under section 31 of this act, he or she shall be released not later than thirty days following the later of: (1) The date of the department's determination under RCW 70.96A.097(2); or (2) the filing of a petition for judicial review under section 31 of this act, unless a professional person or the designated chemical dependency specialist initiates proceedings under this chapter.
- NEW SECTION. Sec. 31. A new section is added to chapter 70.96A RCW to read as follows:
 - For purposes of eligibility for medical assistance under chapter 74.09 RCW, minors in inpatient chemical dependency treatment shall be considered to be part of their parent's or legal guardian's household, unless the minor has been assessed by the department or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the parents are found to not be exercising responsibility for care and control of the minor. Payment for such care by the department shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department.
- NEW SECTION. Sec. 32. It is the purpose of sections 28 and 30 of this act to assure the ability of parents to exercise reasonable, compassionate care and control of their minor children when there is a medical necessity for treatment and without the requirement of filing a petition under chapter 70.96A RCW.
- NEW SECTION. Sec. 33. The department of social and health services shall adopt rules defining "appropriately trained professional person" for the purposes of conducting mental health and chemical

OPR -28-

- dependency evaluations under sections 18(3), 19(1), 28(3), and 30(1) of
- 2 this act.

5

6 7

8

9

10

1112

13

1415

16

17

18 19

20

21

24

2526

27

2829

30

31

32

3 PART III - MISCELLANEOUS

NEW SECTION. Sec. 34. The legislature finds that an essential component of the children in need of services, dependency, and truancy laws is the use of juvenile detention. As chapter 7.21 RCW is currently written, courts may not order detention time without a criminal charge being filed. It is the intent of the legislature to avoid the bringing of criminal charges against youth who need the quidance of the court rather than its punishment. The legislature further finds that ordering a child placed in detention is a remedial action, not a punitive one. Since the legislature finds that the state is required to provide instruction to children in detention, use of the courts' contempt powers is an effective means for furthering the education and protection of these children. Thus, it is the intent of the legislature to authorize a limited sanction of time in juvenile detention independent of chapter 7.21 RCW for failure to comply with court orders in truancy, child in need of services, at-risk youth, and dependency cases for the sole purpose of providing the courts with the tools necessary to enforce orders in these limited types of cases because other statutory contempt remedies are inadequate.

- 22 **Sec. 35.** RCW 7.21.030 and 1989 c 373 s 3 are each amended to read as follows:
 - (1) The court may initiate a proceeding to impose a remedial sanction on its own motion or on the motion of a person aggrieved by a contempt of court in the proceeding to which the contempt is related. Except as provided in RCW 7.21.050, the court, after notice and hearing, may impose a remedial sanction authorized by this chapter.
 - (2) If the court finds that the person has failed or refused to perform an act that is yet within the person's power to perform, the court may find the person in contempt of court and impose one or more of the following remedial sanctions:
- 33 (a) Imprisonment if the contempt of court is of a type defined in 34 RCW 7.21.010(1) (b) through (d). The imprisonment may extend only so 35 long as it serves a coercive purpose.

OPR -29-

- 1 (b) A forfeiture not to exceed two thousand dollars for each day 2 the contempt of court continues.
- 3 (c) An order designed to ensure compliance with a prior order of the court.
 - (d) Any other remedial sanction other than the sanctions specified in (a) through (c) of this subsection if the court expressly finds that those sanctions would be ineffectual to terminate a continuing contempt of court.
 - (e) In cases under chapters 13.32A, 13.34, and 28A.225 RCW, commitment to juvenile detention for a period of time not to exceed seven days. This sanction may be imposed in addition to, or as an alternative to, any other remedial sanction authorized by this chapter. This remedy is specifically determined to be a remedial sanction.
 - (3) The court may, in addition to the remedial sanctions set forth in subsection (2) of this section, order a person found in contempt of court to pay a party for any losses suffered by the party as a result of the contempt and any costs incurred in connection with the contempt proceeding, including reasonable attorney's fees.
- **Sec. 36.** RCW 13.32A.250 and 1996 c 133 s 28 are each amended to 20 read as follows:
 - (1) In all child in need of services proceedings and at-risk youth proceedings, the court shall verbally notify the parents and the child of the possibility of a finding of contempt for failure to comply with the terms of a court order entered pursuant to this chapter. Except as otherwise provided in this section, the court shall treat the parents and the child equally for the purposes of applying contempt of court processes and penalties under this section.
 - (2) Failure by a party to comply with an order entered under this chapter is a <u>civil</u> contempt of court as provided in $((\frac{\text{chapter 7.21}}{7.21.030(2)(e)})$, subject to the limitations of subsection (3) of this section.
 - (3) The court may impose <u>remedial sanctions including</u> a fine of up to one hundred dollars and confinement for up to seven days, or both for contempt of court under this section.
- 35 (4) A child placed in confinement for contempt under this section 36 shall be placed in confinement only in a secure juvenile detention 37 facility operated by or pursuant to a contract with a county.

OPR -30-

- (5) A motion for contempt may be made by a parent, a child, juvenile court personnel, or by any public agency, organization, or person having custody of the child under a court order adopted pursuant to this chapter.
 - (6) Whenever the court finds probable cause to believe, based upon consideration of a motion for contempt and the information set forth in a supporting declaration, that a child has violated a placement order entered under this chapter, the court may issue an order directing law enforcement to pick up and take the child to detention. The order may be entered ex parte without prior notice to the child or other parties. Following the child's admission to detention, a detention review hearing must be held in accordance with RCW 13.32A.065.
- **Sec. 37.** RCW 13.34.165 and 1996 c 133 s 29 are each amended to 14 read as follows:
- (1) Failure by a party to comply with an order entered under this chapter is <u>civil</u> contempt of court as provided in ((chapter 7.21)) RCW 7.21.030(2)(e).
 - (2) The maximum term of imprisonment that may be imposed as a ((punitive)) remedial sanction for contempt of court under this section is confinement for up to seven days.
 - (3) A child imprisoned for contempt under this section shall be confined only in a secure juvenile detention facility operated by or pursuant to a contract with a county.
 - (4) A motion for contempt may be made by a parent, juvenile court personnel, or by any public agency, organization, or person having custody of the child under a court order entered pursuant to this chapter.
 - (5) Whenever the court finds probable cause to believe, based upon consideration of a motion for contempt and the information set forth in a supporting declaration, that a child has violated a placement order entered under this chapter, the court may issue an order directing law enforcement to pick up and take the child to detention. The order may be entered ex parte without prior notice to the child or other parties. Following the child's admission to detention, a detention review hearing must be held in accordance with RCW 13.32A.065.

OPR -31-

7

8

10

11

12

1314

15

16 17

18

19

2021

22

23

24

25

26

27

28

2930

3132

33

34

3536

37

- 1 **Sec. 38.** RCW 28A.225.090 and 1997 c 68 s 2 are each amended to 2 read as follows:
- 3 (1) A court may order a child subject to a petition under RCW 4 28A.225.035 to:
 - (a) Attend the child's current school;
 - (b) If there is space available and the program can provide educational services appropriate for the child, order the child to attend another public school, an alternative education program, center, a skill center, dropout prevention program, or another public educational program;
 - (c) Attend a private nonsectarian school or program including an education center. Before ordering a child to attend an approved or certified private nonsectarian school or program, the court shall: (i) Consider the public and private programs available; (ii) find that placement is in the best interest of the child; and (iii) find that the private school or program is willing to accept the child and will not charge any fees in addition to those established by contract with the student's school district. If the court orders the child to enroll in a private school or program, the child's school district shall contract with the school or program to provide educational services for the The school district shall not be required to contract for a weekly rate that exceeds the state general apportionment dollars calculated on a weekly basis generated by the child and received by the district. A school district shall not be required to enter into a contract that is longer than the remainder of the school year. school district shall not be required to enter into or continue a contract if the child is no longer enrolled in the district;
 - (d) Be referred to a community truancy board, if available; or
 - (e) Submit to testing for the use of controlled substances or alcohol based on a determination that such testing is appropriate to the circumstances and behavior of the child and will facilitate the child's compliance with the mandatory attendance law.
 - (2) If the child fails to comply with the court order, the court may order the child to be punished by detention, as provided in RCW 7.21.030(2)(e), or may impose alternatives to detention such as community service. Failure by a child to comply with an order issued under this subsection shall not be punishable by detention for a period

OPR -32-

3

4

5

6 7

8

10

11

12

1314

15

16

17

18

1920

2122

2324

25

26

27

28

29

3031

32

33

34

35

greater than that permitted pursuant to a civil contempt proceeding against a child under chapter 13.32A RCW.

(3) Any parent violating any of the provisions of either RCW 28A.225.010 or 28A.225.080 shall be fined not more than twenty-five dollars for each day of unexcused absence from school. It shall be a defense for a parent charged with violating RCW 28A.225.010 to show that he or she exercised reasonable diligence in attempting to cause a child in his or her custody to attend school or that the child's school did not perform its duties as required in RCW 28A.225.020. The court may order the parent to provide community service instead of imposing a fine. Any fine imposed pursuant to this section may be suspended upon the condition that a parent charged with violating RCW 28A.225.010 shall participate with the school and the child in a supervised plan for the child's attendance at school or upon condition that the parent attend a conference or conferences scheduled by a school for the purpose of analyzing the causes of a child's absence.

The legislature finds that predatory NEW SECTION. Sec. 39. individuals, such as drug dealers, sexual marauders, and panderers, provide shelter to at-risk youth as a means of preying upon them. legislature further finds that at-risk youth are vulnerable to the influence of these individuals. Thus, the legislature finds that it is important to the safety of Washington's youth that they be prevented from coming in contact with these predatory individuals. legislature further finds that locating runaway children is the first step to preventing individuals from preying on these youth and to achieving family reconciliation. Therefore, the legislature intends to use punitive measures to create a clear disincentive for predatory individuals intending to take advantage of at-risk youth. The legislature further intends that all persons be required to report the location of a runaway minor, but that those individuals who fail to make such a report because they wish to have the minor remain unlocated as a means of preying upon them be punished for their failure to report the child's location.

Sec. 40. RCW 13.32A.080 and 1994 sp.s. c 7 s 507 are each amended to read as follows:

OPR -33-

1

3

4

5

6 7

8

10

1112

15

16 17

21

22

23

32

- (1)(a) A person commits the crime of unlawful harboring of a minor if the person provides shelter to a minor without the consent of a parent of the minor and after the person knows that the minor is away from the home of the parent, without the parent's permission, and if the person intentionally:
- (i) Fails to release the minor to a law enforcement officer after being requested to do so by the officer; or
- (ii) Fails to disclose the location of the minor to a law enforcement officer after being requested to do so by the officer, if the person knows the location of the minor and had either taken the minor to that location or had assisted the minor in reaching that location; or
- 13 (iii) Obstructs a law enforcement officer from taking the minor 14 into custody; or
 - (iv) Assists the minor in avoiding or attempting to avoid the custody of the law enforcement officer; or
 - (v) Engages the child in a crime; or
- (iv) Engages in a clear course of conduct that demonstrates an intent to contribute to the delinquency of a minor or the involvement of a minor in a sex offense as defined in RCW 9.94A.030.
 - (b) It is a defense to a prosecution under this section that the defendant had custody of the minor pursuant to a court order.
 - (2) Harboring a minor is punishable as a gross misdemeanor.
- 24 (3) Any person who provides shelter to a child, absent from home, 25 may notify the department's local community service office of the 26 child's presence.
- 27 (4) An adult responsible for involving a child in the commission 28 of an offense may be prosecuted under existing criminal statutes 29 including, but not limited to:
- 30 (a) Distribution of a controlled substance to a minor, as defined in RCW 69.50.406;
 - (b) Promoting prostitution as defined in chapter 9A.88 RCW; and
- 33 (c) Complicity of the adult in the crime of a minor, under RCW 9A.08.020.
- 35 **Sec. 41.** RCW 13.32A.082 and 1996 c 133 s 14 are each amended to read as follows:

OPR -34-

1

3

4

5

6 7

8

15

1617

18

- (1) Any person who, without legal authorization, provides shelter to a minor and who knows at the time of providing the shelter that the minor is away from the parent's home, or other lawfully prescribed residence, without the permission of the parent, shall promptly report the location of the child to the parent, the law enforcement agency of the jurisdiction in which the person lives, or the department. The report may be made by telephone or any other reasonable means.
- (2) Unless the context clearly requires otherwise, the definitions in this subsection apply throughout this section.
- 10 (a) "Shelter" means the person's home or any structure over which 11 the person has any control.
- 12 (b) "Promptly report" means to report within eight hours after the 13 person has knowledge that the minor is away from home without parental 14 permission.
 - (3) When the department receives a report under subsection (1) of this section, it shall make a good faith attempt to notify the parent that a report has been received and offer services designed to resolve the conflict and accomplish a reunification of the family.
- 19 (4) A person who does not report a child's location in violation 20 of subsection (1) of this section with the intent to contribute to the 21 delinquency of a minor or engage the child in a crime is guilty of a 22 misdemeanor.
- NEW SECTION. Sec. 42. Part headings used in this act do not constitute any part of the law.
- NEW SECTION. Sec. 43. This act may be known and cited as "the Becca act of 1998."

--- END ---

OPR -35-